

Sample Report #1

October 1, 2003

Ms. Mary Jones
Disability Determination Services
P.O. Box 17222
Flintsville, MD 21267-8910

Re: Lester Rush
SSN: 444-44-4444
DOB: 2/2/52

Dear Ms. Jones:

Mr. Lester Rush is a 51-year-old, never married, Caucasian man who has essentially not left his home for the past 23 years. Mr. Rush came to the attention of the SSI Project through his brother, Ralph, who is a patient at the Brisbon Hospital Family Medicine Clinic. His brother, Ralph, mentioned Mr. Rush to staff at this clinic, and they sent out a social worker, physician and, later, a psychiatrist, to see Mr. Rush.

All of Mr. Rush's interactions with the SSI Project were done in his home as he absolutely does not set foot outside his house. Mr. Rush is a tall man of average build who has extremely pale skin. His bottom teeth are all black and rotten. He has long, grey hair that he tucks under a black wool cap. When one shakes hands with him, his hand feels mushy, without muscle tone. He is cooperative in the interview although he has an irritable edge to his responses. He also periodically seemed quite irritated with his brother, who interrupted the interview several times to provide information. Some of Mr. Rush's responses are bizarre. He has an obsessive quality to some of his behavior. He exhibits little eye contact.

Mr. Rush was born and raised in Baltimore. Besides his brother, Ralph, he has another brother, Raymond, who is 57 years old and who had a stroke in January, 1995. Raymond married when Mr. Rush was 17 years old; he lives in Brooklyn, MD. Mr. Rush said that his father died when Mr. Rush was 10 years old, in 1956, of emphysema. He said that his father was hospitalized for 3 years in Detroit and New York for his emphysema and would return home every two months or so for a while. The family moved to the house in which the brothers currently reside in 1956. His paternal grandmother also lived with the family; she died when Mr. Rush was 13 years old. He mentioned, "When I was a kid, a week would be like a month from November to December." He could not explain what he meant by this. He said that his mother, who retired at age 62 in 1979, had pleurisy and was bedridden for 15 months before her death in 1995. He noted, "All her hair fell out." His mother had worked at Smith Company and then the Social Security Administration. He was not disciplined severely as a child. As a matter of fact, he said that his mother "let us have our own way. We had to come home every day at 9 p.m." He said that he worked as a paper boy and stock boy. Then, he said, "No, that was Ralph who did that."

Mr. Rush said that he finished 8 years of school; he quit at age 16. He said that he failed 6th and 8th grades. He said that he wanted to quit school at age 14 but couldn't. He "never liked school a whole lot," he said. He could not explain why.



When he was 17 years old, Mr. Rush joined the Navy. He said that the service was “the exact opposite from what I expected. The sergeant made me feel worthless.” After he had been in the Navy a short time, he “started crying in front of the sergeant, the chief.” He said that he had a razor in his hand. The story became confused at that time. He said that he was sent to a psychiatric center for a week and went in front of a board that found him “unsuitable.” This was in Great Lakes, IL. He did not know the name of the psychiatric center and said it had “initials like AWCA.” After that, he was in a “holding company where they pulled my teeth. I was waiting for my teeth.” He was in the Navy for a total of about 4-5 months, although he had enlisted for 3 years.

The discharge letter from the Navy dated 11/4/63 states that the review board found that Mr. Rush “did not possess the necessary degree of adaptability for Navy life, and therefore should not be retained in the service.”

After returning home from the Navy, he said, in 1964, he joined the Merchant Marine. (His brother, Ralph, was also in the Merchant Marine). He commented, “When I was 18, whatever happened at 17 wouldn’t have happened because the ages were different.” He was there for 60 days and then was drafted into the Army.

At his draft physical, he was asked about suicide. He met with a psychiatrist who determined him to be 4F. He was, therefore, not accepted into the Army. In commenting on his type of discharge from the Navy, he said, “I can’t wait to get my regular discharge.” Again, there was no explanation for this. He has not made any efforts to obtain any other kind of discharge.

After his rejection from the Army, he returned to the Merchant Marine. (His description of his time in the Merchant Marine became quite detailed and rambling). He said that the way the Merchant Marine worked was that you would go out to sea for 90 days, return, register again with your card good for another 60 days, re-register if you weren’t given an assignment within 60 days, and continue in this way. He spent a total of 3 years, 11 months in the Merchant Marine.

Mr. Rush said that he spent 30 days on his first ship. Generally, he said, there were about “40 guys on a ship.” He worked in the deck and store departments. The deck department is responsible for steering the ship and tying the ship down. The store department feeds the crew and does the dishes.

During his stay in the Merchant Marine, Mr. Rush said that he went to 17 countries. He liked Puerto Rico the best. He said that things there were slower, and the country was “postcard pretty.” He said, also, the “people sing on the bus.” He said that he lost weight when he was out at sea because he “stopped drinking Pepsi colas.”

Mr. Rush also said that, on his first ship, when he saw the ocean, he felt panic, a “fear of desolation.” He said that this happens to everyone. The way to cure it, he said, is that “you close your eyes. Then you inch your eyes up, very slowly, for a few hours, and then you’re okay.” Doing this just one time takes care of the fear, he said, for the whole rest of the times at sea. One time when he was on board a ship, he said, his body went “up and down like jello, without moving. All by its lonesome.”

In the summer of 1968, Mr. Rush said, he went outside and felt panic. He said he felt as though there was a “fear gas” around. He could not describe this more clearly. He said his heart was beating and he felt fear and was “frightened of fear—that it would get more and more.” After 6 months, he said, the feeling stopped. Then he was frightened to register again for the Merchant Marine, so he didn’t. In the summer of 1969, the “fear of the outside” occurred again and he stayed in the house for 5 months. Then, it left



again and returned once more. The second time he stayed in the house for 11 months; this was in 1972. Finally, in 1974, he said, he “just decided to stay in.” When asked if he felt this was unusual for a person to do, Mr. Rush answered with a shrug of his shoulders and said, “It happens. It’s a disability.”

In 1983, a rowhouse in their group was firebombed and Mr. Rush was evacuated from the house. He spent about 20 minutes outside and said he felt “frightened, with his heart racing.” He has not left the house since then even to step out the front step or go on the back porch.

Mr. Rush has no known medical problems. However, since he has not been outside, his health is difficult to evaluate. A physician from Brisbon Hospital Family Medicine did do a physical at his home and found no apparent illness other than poor dental hygiene and dental caries. Mr. Rush said that he follows a 2600 calorie diet and notes the calories of every morsel of food that he eats. He said that he used to have a 53” waist but now has a 43” waist. He said that he lost 70 pounds over a 4-month period. He spoke of his diet and following this diet in an obsessive way. He could give no reason for the strict calorie monitoring that he does.

In 1974, Mr. Rush said, he was “drunk” around Baxter and Stone Streets and “got rolled.” Before his wallet was taken, the police came. He said that he was taken to Protestant Hospital and had a “big bruise” on his face and had to have “plasma.” He said that he had stitches and stayed overnight. He said that, after the assault, he was dizzy and his face was swollen. For weeks, he said, his face was bruised. “They wouldn’t let me in the bars because of the bruises,” he said. He also mentioned that no x-ray was taken. A month later, the stitches came out. (Information from records about this incident will be provided later in this report).

Mr. Rush said that, around 1974, he was drinking about a case of beer a day. His mother used to buy it for him. After he was released from Johnson Hospital, where he was hospitalized in 1974, he drank 3-6 beers a day, and then 3 per day. He has had no alcohol since Christmas, 1995. He has no history of illicit drug use.

Since 1956, Mr. Rush has lived in his family home. Up until 1995, he was there with his mother and brother, Ralph. Since her death that year, only he and Ralph live there. The house is a small row house in southeast Baltimore. It is very dark inside with much clutter. The windows and small window in the front door are covered. Mr. Rush’s brother, who greets visitors, is very anxious for visitors to walk into the house quickly so the door can be shut and locked. The brother mentioned that they might have mice and one does get several insect bites around the ankles, so it seems that the mice might have fleas. The brothers had very little heat in the winter.

On 4/26/74, at the age of 27, Mr. Rush was admitted psychiatrically, for his second hospitalization, to Johnson Hospital Center. He said that he tried to kill himself by cutting his wrists because he was “feeling sorry for myself.” Records from Johnson Hospital indicate that Mr. Rush was admitted voluntarily after being treated at Newpoint Hospital (now Washington Hospital) for a suicide attempt in which he cut his wrists. Records note that Mr. Rush gave a 5-year history of “alcoholism, excessive nervousness and living at home with mother. Has a speech impediment—phobic at times, tremulous. Some signs of organicity, depression and schizophrenia.” Admitting diagnosis was alcoholic deterioration and R/O schizophrenia. Records note that Mr. Rush expressed concern about going home without a job. He said that his mother wanted him to “stand on his own feet which he hasn’t done in past 5 years.” He was anxious in the interview. Medication consisting of Navane, 10 mg t.i.d., Mellaril, 150 mg in the a.m. and bedtime, and Cogentin, 2 mg at bedtime were begun.

During this hospitalization, records note, Mr. Rush had edema of his feet and legs. Mr. Rush was discharged on 5/31/74. He was referred to vocational rehabilitation, according to records. Medication



was provided, and outpatient treatment was recommended. Apparently, Mr. Rush neither continued with medication, attended outpatient treatment, nor followed up with vocational rehabilitation.

On 9/27/74, records from Washington Hospital note that Mr. Rush was provided a psychiatric evaluation in the emergency room there after he was transferred from the “surgical unit because of a concussion to the forehead. Pt. found wandering nude and was brought to the ER. Pt. admits to visual and auditory hallucinations but would not give a description of [them]...Pt. has no idea what happened today. Pt. denied alcohol or non-prescription drug usage...Pt. became afraid of dog a couple of days ago, and staying in his room. Pt. telling of voices and telling mother not to be afraid of the voices.” Records note Mr. Rush was on Navane, 20 mg at bedtime and Mellaril, 150 mg tablet 2x/day, and 1 at bedtime. He had not taken medication for about two months, these records note. (This evaluation likely followed the assault incident described above).

These records also state that, about a year ago, Mr. Rush stopped going out of the house. Later that evening, his mother arrived and said she would like to take him home. Records state: “Pt. refused to leave...with mother and wanted to spend the night. Pt. stated that he’s in jail and can’t leave. Mother to return in a.m. to take pt. home. Thorazine concentrate, 200 mg given at 10 a.m. and 300 mg at 11:30 a.m.” Impression was paranoid schizophrenia. Plan was for Mr. Rush to continue with medication and to attend the Washington Hospital Crisis Clinic on 9/30. Again, he did not attend outpatient treatment.

On 3/18/97 and 4/1/97, home visits were made by Dr. Sargent, a consulting psychiatrist to the Brisbon Hospital Family Medicine Clinic. The evaluation done at these visits notes that before Mr. Rush became homebound, his family noticed that he would “shake uncontrollably and then leave from the home barefoot even when [there was] snow outside and stand there staring at nothing in particular.” This evaluation concluded that Mr. Rush is a “profoundly impaired man with following diagnosis: Agoraphobia; R/O undifferentiated schizophrenia; R/O schizotypal personality.” The evaluation also stated that Mr. Rush is “incapable of adequately caring for himself in an independent setting. He will require ongoing support for the remainder of his life as well as a payee to handle funds.”

A typical day for Mr. Rush is as follows: First, it is of note that he and his brother have their sleeping arranged so that one of them is awake at all times. They said that they began this when their mother was ill. However, she died two years ago, and they still continue this arrangement. Therefore, Mr. Rush sleeps from about 4 a.m. until 2-4 p.m. (His brother goes to bed early in the evening and arises at 3:30 a.m.). He then drinks some tea, smokes a cigarette, eats something, reads, watches TV, and listens to the radio. He also does the dishes. This is what he does every day.

According to Dr. Sargent’s evaluation, Mr. Rush has no food preparation skills. He states that he can heat stew and cook a TV dinner in a microwave. He does not talk on the phone because he said that this makes him feel “unusual, out of the ordinary.” He has not used the phone for the past three years except for one conversation with his brother’s therapist. He will not answer the phone. He presses *69, writes down the number, and gives it to his brother when his brother returns. His brother does all the shopping. Mr. Rush does some minimal household chores “now and then.” He does not go to the post office. He doesn’t answer the door. He doesn’t ride public transportation, and he cannot manage money without help. He has essentially never had financial responsibility for himself. Basically, his brother provides for all his needs and worries about how to pay for food, taxes, etc. The home they live in was owned by their mother.

Socially, Mr. Rush is extremely impaired. He has no visitors. “The only folks who visit are the people on TV,” he said. Sometimes, when he is angry, he loses his temper. His brother said that, at one point, Mr. Rush broke a telephone when he threw it against the wall. The brother reported this with a bit of a nervous laugh. His brother is the only other person whom he sees. Their relationship is strange. They



exhibit similar symptoms although Mr. Rush's brother is more obviously very anxious. Both exhibit strange thinking. In the report of his history, Mr. Rush once described something he did and then remembered it was his brother who did it. Their other brother used to visit but stopped after he had a stroke.

Mr. Rush exhibited fair concentration. He has no problem-solving skills. His memory seems grossly intact. He scored 28/30 on the MMSE in the SSI Project interview, losing one point on the date and one on recall of only 2/3 objects at 3 minutes. His attention is fair. It is difficult to say how Mr. Rush would function outside the home. In the home, in an environment of very low demand and stress, he is able to attend and concentrate fairly well.

As was noted, Mr. Rush has not been employed since 1968, when he left the Merchant Marine. He has not left his home at all since 1974.

In the SSI Project interview with the Project Director, Mr. Rush, as noted above, was cooperative with some irritability. When he shook hands, his hand was very cold. His conversation rambled when he spoke about the Merchant Marine. Otherwise, he provided extremely little spontaneous information. He sleeps fairly well, during the day. He said that he eats 2-4 times per day and never has more than 1,000 calories at a time. "I eat a lot of bread and margarine with meals," he said, after emphasizing his limiting his caloric intake. He appears sad but not depressed. Range of expression is quite constricted. Affect is flat. He rates his mood as being 5-6-7/10. He experiences no suicidal ideation, he says, or homicidal ideation. He has a history of poor performance in school. His vocabulary is good. He states that he feels no suspiciousness of others and "trust[s] everybody." This is not consistent with his behavior. He has a remarkable lack of interest in an outside life and no insight. He gives no thought as to how his bills are paid and how food is bought, etc. When asked what he would do if he and his brother lost the house for non-payment of taxes, he shrugged and said, "I'd be with my brother, Ralph. I would do what I had to do."

In summary, Mr. Lester Rush is a 51-year-old, never married man who has literally been in his house for the past 29 years. It is likely that he and his brother have schizophrenia and that this fear of outside is related to bizarre thoughts, paranoia, and fear that is more of a psychotic nature than a phobic one. He states that he might like to go outside and might be willing to try doing so in 1-2 years. He has literally lost the last 29 years and has managed his symptoms with extreme isolation. Mr. Rush is a sad man who is truly disabled. Efforts continue to try to determine a treatment course for him, but this is very difficult because of his isolation and unwillingness to go outside at all. Mr. Rush cannot work and will not be able to do so in the foreseeable future.

If you have any questions, please contact Ms. Perret at 410-328-1406 or Dr. Sargent at 410-555-5555.

Sincerely,

Yvonne M. Perret, LCSW-C
Project Director

Cheryl Sargent, M.D.
Consulting Psychiatrist

